



EXPRESS MAIL NO. EV 336597915US

PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 730033.409																						
In re Application of Nathalie B. Scholler et al.																								
Application Number 09/441,411		Filed November 16, 1999																						
For SURFACE RECEPTOR ANTIGEN VACCINES																								
Group Art Unit 1632	Examiner Anne Marie Falk																							
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$_____</td></tr><tr><td><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u>.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</td><td></td></tr><tr><td><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td><td></td></tr><tr><td><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</td><td></td></tr><tr><td><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account Number <u>19-1090</u>.</td><td></td></tr><tr><td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number <u>19-1090</u>.</td><td></td></tr></table>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____	<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55</u> .		<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.		<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account Number <u>19-1090</u> .		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number <u>19-1090</u> .	
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<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____ .</p>																								
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August 4, 2003		 Signature																						
Date		Stephen J. Rosenman, Ph.D.																						
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.																								

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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